### oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 04/23/2015

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

SIGNATURE: HUMBERTO QUINTERO

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE:

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	QUINTERO, HUMBERTO	Name	EBNER, ASTRID
Address	6462 DAYSBROOK DR # 104	Address	6462 DAYSBROOK DR # 104
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835

# ORLANDO, FL 32835 US

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

ORLANDO, FL 32835

DOCUMENT# L10000037809

Entity Name: AIL-QUINTERO AGENCY LLC

**Current Principal Place of Business:** 

### 6028 WESTGATE DR 101 ORLANDO, FL 32835 US

# FEI Number: 27-2306241

# Name and Address of Current Registered Agent:

**Current Mailing Address:** 

6462 DAYSBROOK DR., #104

QUINTERO, HUMBERTO 6028 WESTGATE DR 101

Certificate of Status Desired: No

Date

Date